



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
06 JAN 31 PM 2:25
CARROLLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 11 23 04 to 12 31 05
Mo Day Year Mo Day Year

1. Committee I.D. Number

137338

2. Committee Name

Friends of Bob Gibson

4. Candidate Last Name

Gibson

First Name

Bob

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

County Commissioner - Macomb District 18

4b. County of Residence

Macomb

5. Committee's Mailing Address

24651 Meadow Lane
Harrison Twp MI 48045
Area Code and Phone 586-746-0983

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

John Freeman
28342 Dartmouth
Madison Heights 48071

Area Code & Phone (248) 547-9378

7. Treasurer's Business Address

220 Bagley Ste 430
Detroit MI 48226

Area Code and Phone (313) 963-3847

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11 7 06
Month Day Year

9c. ☒ Annual Statement (2005 Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper John Freeman

Type or Print Name

Signature

Date 1 28 06
Mo Day Year

Candidate Robert Gibson

Type or Print Name

Signature

Date 1 28 06
Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137338
2. Committee Name Friends of Bob Gibson

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>45.00</u>	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$		(20.) \$ <u>45.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>45.00</u>	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1137.79</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1137.79</u>	(23.) \$ <u>1137.79</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>5054.05</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>45.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>5099.05</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1137.79</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>3,961.26</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name Friends of Bob Gibson

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/8/05</u> Name: <u>Jane Gibson</u> Address: <u>12575 Swanfarm Lane</u> <u>Brighton MI 48114</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	45.00	45.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	45.00	

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137338

2. Committee Name Friends of Bob Gibson

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Practical Political Consulting</u> Address <u>P.O. Box 6249</u> <u>East Lansing MI 48826</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Label/Lists</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/10/05</u>	<u>487.20</u>
Expenditure #2 Name <u>I.C.R.J.</u> Address <u>28640 Campbell</u> <u>Warren MI 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad/Table@dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/20/05</u>	<u>350.00</u>
Expenditure #3 Name <u>P.S. Greetings</u> Address <u>5730 N. Tripp</u> <u>Chicago IL 60646</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/12/05</u>	<u>81.37</u>
Expenditure #4 Name <u>Cookies by Design</u> Address <u>3558 Pine Grove</u> <u>Port Huron MI 48060</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Candy</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/8/04</u>	<u>100.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1018.57

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137338
2. Committee Name Friends of Bob Gibson

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Michelle DeBeaussaert</u> Address <u>39856 Brylor</u> <u>Clinton Twp MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Reimbursement</u> <u>(see below)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/20/05</u>	<u>119.22</u>
Expenditure #2 Name <u>Family Dollar</u> ^(reimbursement m. DeBeaussaert) Address <u>35330 S. Gratiot Ave</u> <u>Clinton Twp 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Greeting Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/20/05</u>	<u>(119.22)</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

119.22

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137338
2. Committee Name Friends of Bob Gibson

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input checked="" type="checkbox"/> Yes Owed to or by: <u>Practical Political Consulting</u> <u>220 Albert Ave</u> <u>East Lansing 48826</u>	4. Type: <u>Lists/Labels</u> 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ <u>487.20</u>	<u>1/10/05</u> \$ <u>487.20</u> _____ _____ _____ _____ _____	\$ <u>487.20</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	_____ _____ _____ _____ _____	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	_____ _____ _____ _____ _____	_____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 1